

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90074 009 ****61.25

DOCUMENT # N24381

1. Entity Name

ISLANDER COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

900 COLLIER CT
 MARCO ISLAND FL 33937
 US

P. O. BOX 2397
 MARCO ISLAND FL 33969
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0119851

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURT, EDMUND S
990 CAPE MARCO DR., #401
MARCO ISLAND FL 33937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **PARENT, WARREN**
 STREET ADDRESS **900 COLLIER CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D** Change Addition
 NAME **FRED CORVILLE**
 STREET ADDRESS **900 COLLIER CT**
 CITY-ST-ZIP **MARCO ISL FL 34145**

TITLE **DT** Delete
 NAME **CECAMP, DNIEL**
 STREET ADDRESS **900 COLLIER CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **T** Change Addition
 NAME **FRITZ CONDRAY**
 STREET ADDRESS **900 COLLIER CT**
 CITY-ST-ZIP **MARCO ISL, FL 34145**

TITLE **D** Delete
 NAME **JONES, WILLIAM**
 STREET ADDRESS **900 COLLIER CT.**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **DRECHEN, MARTY**
 STREET ADDRESS **900 COLLIER CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **JANIS, DINO**
 STREET ADDRESS **900 COLLIER CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

239642887

Daytime Phone #

CR2E037 (9/01)